

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-034772

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 326

Primary Registration District No. 6102

Registrar's No. 149

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

Scotland

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Memphis

Length of stay in lb
50 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

Scotland

c. CITY
OR
TOWN

Memphis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Mary Stone Wagner4. DATE
OF
DEATHMonth Day Year
Sept. 3, 1963

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/26/88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

home maker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Scotland Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Hargus McNeel Stone

13b. MOTHER'S MAIDEN NAME

Susan M. Green

14. NAME OF HUSBAND OR WIFE

Harry Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Ruth Priest Memphis, Mo18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adenocarcinoma of uterus

INTERVAL BETWEEN
ONSET AND DEATH

1 year

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1943 to 9-3-63 and last saw her alive on 9-3-63
Death occurred at 9:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. E. Gilfillan, M.D.

22b. ADDRESS

Memphis, Missouri

22c. DATE SIGNED

9/4/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/5/63

23c. NAME OF CEMETERY OR CREMATORY

Memphis Cemetery

23d. LOCATION (City, town, or county)

Memphis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

D. W. Payne & Sons Memphis, Mo.

25. DATE RECD. BY LOCAL REG.

9-4-63

26. REGISTRAR'S SIGNATURE

Vera D. Turner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

SEP 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by P. E. Payne, Student Embalmer No. 701
working under my personal supervision.

Student

P. E. Payne
Signature of Student Embalmer

Signed

P. E. Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.